

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
APPLICATION FOR LICENSURE
PRIVATE PROBATION PROVIDER

DOPL-AP-090 REV 08/30/2002

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a post office box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

1. Submit official transcripts documenting graduation with a baccalaureate or graduate degree with a major study in social work, sociology, psychology, counseling, law enforcement, criminal justice, corrections, or other related fields.

OR

Submit a "Verification of Experience" form (attached to this application) documenting 4 years of full-time paid employment in private probation, social work, psychology, counseling, law enforcement, criminal practice, corrections, or other related fields.

OR

Submit official transcripts and a "Verification of Experience" (attached to this application) form documenting a combination of 4 years of education and work experience.

2. Submit a copy of a private probation provider business license issued by the political subdivision of the state in which the applicant intends to establish a business office(s).
3. Submit a \$75.00 non-refundable application processing fee.

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

You may also purchase them for a fee from Exporior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 359-4417.

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Private Probation Provider Licensing Act
- ☐ Rules of the Utah Private Probation Provider Licensing Board

2. **License Renewal:** All licenses expire May 31st of every odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately three months prior to the expiration date shown on the license.

3. **Renewal Requirements / Continuing Education:** You must complete 40 hours of qualified continuing education (CPE) every 2 years. (See R156-50-304 of the Private Probation Provider Licensing Act Rules for specific requirements.)
4. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
5. **Current Documents:** Applications, statutes and rules may change from time to time. If

you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.

6. **Payments:** Make licensure fees payable to “DOPL.”

7. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

7. **Telephone Numbers:** (801) 530-6628
(801) 530-6208
(801) 530-6634
(801) 530-6964

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675

8. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: Private Probation Provider

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

PROFESSIONAL EDUCATION (Attach additional sheets if necessary):

Name of College: _____

Location: _____

Degree: _____ Date Completed: _____

Name of College: _____

Location: _____

Degree: _____ Date Completed: _____

Name of College: _____

Location: _____

Degree: _____ Date Completed: _____

PRACTICAL EXPERIENCE (Use additional sheets if necessary):

Employer Name: _____

Address: _____

Dates of Employment: From ____/____/____ To ____/____/____

Supervisor's Name: _____

Describe Work Performed: _____

Employer Name: _____

Address: _____

Dates of Employment: From ____/____/____ To ____/____/____

Supervisor's Name: _____

Describe Work Performed: _____

PRIVATE PROBATION PROVIDER QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. _____ Have you ever been terminated from a position because of drug use or abuse?
10. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Questions continue on following page.)

11. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
12. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. _____ Have you ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
14. _____ Have you ever been arrested for or charged with a felony in any jurisdiction?
15. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
16. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
17. _____ Have you ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
18. _____ Have you ever been incarcerated for any reason in any federal, state, or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to questions 13, 14, 15, 16, 17, or 18 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Printed Name of Applicant: _____

Date of Signature: _____

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Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741

VERIFICATION OF EXPERIENCE

Please complete this form and submit it to the applicant in a sealed envelope for submission with his or her application for licensure as a private probation provider.

Applicant's Name: _____

Applicant's Social Security Number: _____

Name of Facility where Applicant was Employed: _____

Address: _____

Dates of Employment: From ____/____/____ To ____/____/____

Hours Worked Per Week: _____

Describe Specific Job Duties and Functions: _____

Are you a licensed private probation provider?

_____ No

_____ Yes, License Number: _____

What is your relationship to the applicant?

_____ Supervisor

_____ Co-worker

_____ Other, explain _____

Do you recommend the applicant be licensed as a private probation provider?

_____ Yes

_____ No, explain _____

Name of Person Completing Form: _____

Address: _____

Phone: _____

Signature: _____

Date of Signature: _____